

11/16/01  
APC-2-05

MEMPHIS SHELBY COUNTY HEALTH DEPARTMENT  
AIR POLLUTION CONTROL SECTION (MSCHD-APC)



NOT TO BE USED FOR TITLE V APPLICATIONS

814 Jefferson Ave  
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Telephone: ( 901 ) 544-7775  
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## STORAGE TANK DESCRIPTION

MSCHD RECEIPT DATE

<b>PLEASE TYPE OR PRINT AND SUBMIT IN DUPLICATE FOR EACH STORAGE TANK. ATTACH TO THE PERMIT APPLICATION.</b>									
<b>1. ORGANIZATION'S LEGAL NAME:</b>						<b>MSCHD-APC FACILITY ID:</b>			
<b>2. EMISSION SOURCE NUMBER:</b>				<b>SIC CODE:</b>		<b>MSCHD-APC PERMIT ID.:</b>			
<b>3. TANK LOCATION</b>	<b>LATITUDE:</b>		<b>LONGITUDE:</b>		<b>UTM VERTICAL:</b>		<b>UTM HORIZONTAL:</b>		
<b>4. TANK ID NUMBER:</b>					<b>CONSTRUCTION DATE:</b>				
<b>5. TANK DIMENSIONS</b>	<b>DIAMETER (FT):</b>		<b>HEIGHT (FT):</b>		<b>CAPACITY (GALLONS):</b>		<b>CAPACITY (BARRELS):</b>		
<b>6. TANK SHAPE</b>	<b>CYLINDER (UP):</b>		<b>CYLINDER (HORIZONTAL):</b>		<b>SPHERE:</b>		<b>OTHER (DESCRIBE):</b>		
<b>7. TANK COLOR</b>	<b>WHITE</b>	<b>ALUMINUM</b>		<b>GRAY</b>			<b>RED</b>	<b>OTHER (DESCRIBE)</b>	
		<b>SPECULAR</b>	<b>DIFFUSE</b>	<b>LIGHT</b>	<b>MEDIUM</b>	<b>DARK</b>			
<b>ROOF</b>									
<b>SHELL</b>									
<b>8. PAINT CONDITION</b>	<b>GOOD:</b>				<b>POOR:</b>				
<b>9. TANK</b>	<b>FIXED ROOF:</b>		<b>FLOATING ROOF:</b>		<b>OPEN TOP:</b>		<b>UNDERGROUND:</b>		<b>OTHER (DESCRIBE):</b>
<b>10. INSULATED AND/OR HEATED TO (°F):</b>					<b>PRESSURIZED TO (PSIA):</b>				
<b>11. FOR FLOATING ROOF TANKS, COMPLETE THE FOLLOWING</b>									
<b>A. ROOF TYPE</b>	<b>DOUBLE DECK</b> <input type="checkbox"/> <b>PONTOON</b> <input type="checkbox"/> <b>PAN</b> <input type="checkbox"/> <b>OTHER (DESCRIBE)</b> <input type="checkbox"/>								
<b>B. SEAL TYPE:</b>	<b>SINGLE</b> <input type="checkbox"/> <b>DOUBLE</b> <input type="checkbox"/> <b>OTHER (DESCRIBE)</b> <input type="checkbox"/>								
<b>C. SHELL CONSTRUCTION</b>	<b>RIVETED</b> <input type="checkbox"/> <b>WELDED</b> <input type="checkbox"/> <b>OTHER (DESCRIBE)</b> <input type="checkbox"/>								
<b>12. LIST ALL LIQUIDS, VAPORS, GASES, OR MIXTURES TO BE STORED IN THIS TANK. GIVE THE PERCENT BY WEIGHT OF EACH COMPONENT:</b>									
<b>13. OUTAGE</b>	<b>AVERAGE DISTANCE FROM TOP OF TANK TO LIQUID SURFACE (FT):</b>			<b>AVERAGE THROUGHPUT (GALLONS/DAY):</b>			<b>MAXIMUM NUMBER OF TANK TURNS PER YEAR:</b>		
<b>14. LOADING TYPE</b>	<b>BOTTOM:</b>		<b>SUBMERGED:</b>		<b>VAPOR BALANCED:</b>		<b>OTHER (DESCRIBE):</b>		
<b>15. COMMENTS (Use the reverse side of the form if necessary):</b>									

